

NOTICE OF CONTRACTING OPPORTUNITY

APPLICATION FOR
NAVY CONTRACT POSITIONS
(21 January 2004)

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 4:00 PM EST ON OR BEFORE 4 February 2004. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 22T
1681 NELSON STREET
FORT DETRICK MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: CODE 22T

A. NOTICE. This position is set aside for individual Dental Assistants. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing dental services under other Navy contracts will not be considered without the prior approval of the Contracting Officer

B. POSITION SYNOPSIS. Dental Assistants - The Government is seeking to place under contract individuals who have either (a) A Certificate or Associate Degree as a dental assistant/technician from a state accredited program and 12 months experience, or (b) certification from a military dental technician or dental assistant "A" school and 12 months experience, or (c) certification from a Red Cross Dental Assistant course and 12 months experience, or (d) certification from a Red Cross Dental Assistant course within the preceding 12 months, or (e) 36 months experience within the preceding 60 months as a dental assistant, or (f) has membership in good standing with the American Association of Dental Assistants with required continuing education and 12 months experience, or (g) graduated from a state accredited program for dental assistants or dental technology within the preceding 12 months. This individual must also (1), meet all the requirements contained herein; and, (2) competitively win this contract award. (see paragraphs D and E).

Services shall be provided at Branch Dental Clinic Keflavik, Iceland.

You shall be on duty in the assigned clinical area for 40 hours each week; between the hours of 0700 and 1600. You shall normally provide services for an 8.5 or 9 hour period (to include an uncompensated .5 or 1 hour for lunch depending on shift length), Monday through Friday. Specific hours shall be scheduled one month in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other medical duties.

You shall accrue eight hours of personal leave per 80 hour period worked. Personal leave shall be used for absences due to both sickness and planned vacations. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

Dental Assistants, Keflavik, Iceland

II. STATEMENT OF WORK

A. The use of "Commanding Officer" means: Commanding Officer, Naval Dental Center Mid-Atlantic, BDC Keflavik, Iceland or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. DUTIES AND RESPONSIBILITIES. You shall perform a full range of dental assistant duties, within the scope of this statement of work, on site using government furnished supplies, facilities and equipment within the assigned unit of the Dental Treatment Facility. Workload occurs as a result of scheduled and unscheduled requirements for care. Your actual clinical performance will be a function of the overall demand for dental assisting services.

You shall be responsible for a full range of dental assisting procedures in support of Dental Officer examinations and delivery of treatment under the "four handed dentistry" format within the personnel and equipment capabilities and limitations of the Dental Treatment Facility. You shall aid in the provision of mandated dental surveillance and preventive services and assist in ensuring the quality and timeliness of treatment records and reports required to document procedures performed and care provided. You shall also refer patients who present with a complaint to staff dentists for evaluation and continuation of care and attend multidisciplinary treatment team meetings on behalf of the dental officers.

The work environment involves risks typically associated with the performance of clinical oral procedures. You may be exposed to contagious disease, infections and flying dental debris requiring that you wear protection such as sterile gloves, masks and eyeglasses.

1. Administrative and Training Requirements. You shall:

1.1. Provide training and /or direction to supporting government employees (technicians, corpsmen, students, etc.) assigned to you during the performance of clinical procedures. Such direction and interaction will adhere to government and professional clinical standards and accepted clinical protocol. Participate in clinical staff quality assurance functions at the prerogative of the Commanding Officer. You may be required to maintain statistical records of your clinical workload.

1.2. Participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.

1.3. Participate in the provision of monthly inservice training to non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to dental care.

1.4. Attend annual renewal of the following Annual Training Requirements provided by the MTF: family advocacy, disaster training, infection control, Sexual Harassment, Bloodborne Pathogens and Fire Safety.

1.5. Participate in the implementation of the Dental Treatment Facility's (DTF) Family Advocacy Program as directed.

1.6. Additionally, you shall perform administrative functions such as serving on boards and committees and attending or providing continuing dental education.

1.8. Administrative duties may also include: telephoning each patient to confirm their appointment 24 hours prior, pre-screening the patient questionnaire, pulling related patient records and studies and performing patient call backs when directed.

1.9. You shall be subject to guidelines set forth in the Command's quality assurance and risk management instructions. You shall perform administrative duties, which include maintaining statistical records of your clinical workload, participating in dental education programs, preparing documentation for boards, and participating in clinical staff quality assurance functions at the prerogative of the Commanding Officer.

1.10. Attend all annual retraining classes required by this command, to include Basic Life Support Level C (BLS-C) Certification.

1.11. Obtain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This training and certification will be provided by the Navy.

1.12. Comply with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies of the treatment facility.

1.13. Contractor personnel shall be subject to an Automated Data Processing (ADP) background check in accordance with DoD Publication 5200.2-R. Personnel shall be required to complete the paperwork necessary for the Government to complete the background check.

2. CLINICAL SERVICES: Your clinical activity will be a function of the overall demand for dental assisting services. Your productivity is expected to be comparable to that of other dental assistants assigned to the same facility and authorized the same scope of practice. You shall:

2.1. Provide for the examination, treatment, and disposition of patients compatible with the Dental Treatment Facility's operating capacity and equipment;

2.2. Coordinate with other health care departments and the clinic staff to provide complete care to patients;

2.3. Provide training to staff for routine dental assistant activities and procedures so that the benefit of routine care can be accrued;

2.4. Maintain patient records in accordance with JCAHO and DTF requirements;

2.5. Select and arrange instruments and prepare set-ups for patient treatment;

2.6. Assist during patient examination and treatment;

2.7. Assist during administration of anesthesia;

2.8. Assist in placement and removal of sutures;

2.9. Prepare restorative and impression materials;

2.10. Dispose of contaminated waste in accordance with the standard procedures of the DTF;

2.11. Load and unload radiographic film cassettes;

2.12. Expose bitewing, periapical and occlusal film utilizing bisecting angle or paralleling radiographic techniques;

2.13. Perform radiographic darkroom procedures to include manual and automatic film processing;

2.14. Instruct on basic oral hygiene care; and, maintain your operatory to meet the clinic's standards.

2.15. You may be assigned other duties consistent with the normal duties of a dental assistant as directed by the Commanding Officer

3. JCAHO requirements - Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to:

- 3.1. Licensure and/or regulation of healthcare personnel in treatment facilities, and
- 3.2. The regulations and standards of professional practice of the treatment facility, and
- 3.3. The bylaws of the treatment facility's professional staff.

4. ORIENTATION:

4.1. You shall undergo a three-day on-site orientation period. Orientation shall include familiarization with the facility, introduction to the Quality Improvement Program, introduction to The Branch Dental Clinic, Keflavik, Iceland, rules and regulations, introduction to military protocols such as military structure, time and rank, acquisition of parking permits and clarification of rights and responsibilities. One day shall be a Command Orientation Training Period, the second day shall be unit specific and the third day shall include CHCS training. Command orientation shall be scheduled in advance.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

- 1. Have either (a), a Certificate or Associate Degree as a dental assistant/technician from a state accredited program and 12 months experience within the preceding 36 months (b), certification from a military dental technician or dental assistant "A" school and 12 months experience within the preceding 36 months (c), certification from a Red Cross Dental Assistant course and 12 months experience within the preceding 36 months (d), 36 months experience within the preceding 60 months as a dental assistant (e), membership in good standing with the American Association of Dental Assistants with required continuing education and 12 months experience within the preceding 36 months or (f), graduation from a state accredited program for dental assistants or dental technology within the preceding 12 months.
- 2. Have either certification or a permit for the use of dental x-ray equipment.
- 3. Be eligible for U.S. employment. Provide copies of supporting documentation per Attachment 3.
- 4. Provide two or more letters of recommendation, from either practicing dentists or faculty members where you received your dental assistant training. The letters must attest to your clinical skills, patient rapport, etc. Recommendation letters must include name, title, phone number, date of reference, address and signature of individual providing the letter. Reference letters must have been written within the preceding five years.
- 5. Represent an acceptable malpractice risk to the Navy.
- 6. Submit a fair and reasonable price as determined by the Government prior to contract award

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other applicants using the following enhancing criteria, listed in descending order of importance:

- 1. Experience and training as it relates to the duties contained herein. Experience in Endodontics, orthodontics, surgery, periodontics and/or prosthodontics or pediatric dentistry may enhance your ranking, then,
- 2. The letters of recommendation required in item D. 4., above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise such as working with pediatric patients, etc., then,
- 3. Prior military experience in a dental/medical field (Form DD 214), then,
- 4. Current American Heart Association Basic Life Support (BLS) for Health Care Providers; American Heart Association Health Care Provider Course; American Red Cross (Cardio Pulmonary Resuscitation) for the

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed " *Personal Qualifications Sheet – Dental Assistant " (Attachment 1).
2. _____ A completed Pricing Sheet (Attachment 2).
3. _____ Proof of employment eligibility (Attachment 3).
4. _____ Two or more letters of recommendation per paragraph D.4., above. (If applicable)
5. _____ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. _____ Small Business Representation (Attachment 5)

*Please answer every question on the " Personal Qualifications Sheet - Dental Assistant ". Mark "N/A" if the item is not applicable.

G. Other Information for offerors.

Frequently asked questions about Individual Set-Aside (ISA) requirements are answered in the ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr2000.com>. This website contains all information necessary to register in CCR.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this position is 622110.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment III, Pricing Information. Before

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commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed cktama@nmlc.med.navy.mil , by fax at (301) 619-6793 or by telephone at (301) 619-8277.

We look forward to receiving your application.

Attachment 1

PERSONAL QUALIFICATIONS SHEET - DENTAL ASSISTANTS

1. Every item on this Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) you are responding to.

2. The information you provide will be used to determine your acceptability. In addition to this Personal Qualifications Sheet, please submit two letters of recommendation as described in Item V. of this form.

3. After contract award, all of the information you provide will be subject to verification. At that time, you will be required to provide the following documentation to verify your qualifications: Professional Education Degree or certification, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam no more than 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under this contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

	Yes	No
1. Have you ever been the subject of a malpractice claim?*	___	___
2. Have you ever been a defendant in a felony or misdemeanor case?*	___	___
3. Has your license or certification to practice ever been revoked or restricted in any state?*	___	___

*If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the remainder of the Personal Qualifications Sheet is requested for use in consideration of a contract; disclosure of this information is voluntary; failure to provide this information may result in the denial of the opportunity to enter into a contract.

(Signature)

(Date mm/dd/yy)

Personal Qualifications Sheet - Dental Assistants

I. General Information

Name: _____ SSN _____
First Middle Last

Address: _____

Phone: (____) _____

II. Professional Education (Section D, Items 1a through 1f; Experience dates must be listed under Item V of this form)

Requirements: You must meet one of the following 6 categories of training and/or experience.	Address and Training Dates: Provide the name and address of the school where you received training and the date of completion.
(1) Certificate or Associate Degree as a dental assistant/technician from a state accredited program and 12 months experience within the preceding 36 months.	
(2) Certification from a dental technician or dental assistant "A" school and 12 months experience within the preceding 36 months.	
(3) Certification from a Red Cross Dental Assistant Course and 12 months experience within the preceding 36 months.	
(4) 36 Months experience as a Dental Assistant within the preceding 60 months.	Document dates of experience under Item IV. of this form.
(5) Membership in good standing with the American Association of Dental Assistants with required continuing education and 12 months experience within the preceding 36 months.	
(6) Graduation from a State accredited program for dental assistants or dental technology within the preceding 12 months.	

III. Certification or Permit for use of Dental X-Ray Equipment:

Date: _____
Certification or Permit Number: _____

IV. Professional Employment: List your current and preceding employers. Provide dates as month/year. If more space is required, please use a separate sheet of paper:

Name and Address of Present Employer From To
1) _____

Work Performed: _____

Names and Addresses of Preceding Employers From To

2) _____

Work Performed: _____

3) _____

Work Performed: _____

Are you currently employed on a Navy contract? If so, where is your current contract and what is the position? A

IV. Employment Eligibility:

Do you meet the requirements for U.S. Employment
Eligibility contained in Attachment III?

Yes No

V. Professional References

Provide two or more letters of recommendation, from either practicing dentists or faculty members where you received your dental assistant training. The letters must attest to your clinical skills, patient rapport, etc. Recommendation letters must include name, title, phone number, date of reference, address and signature of individual providing the letter. Reference letters must have been written within the preceding five years.

IV. Continuing Education

Title Of Course	Course Dates	CE Hrs
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. Basic Life Support: Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

Training Type listed on Card: _____

Expiration Date: _____ (mm/dd/yy)

VI. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

VII. I hereby certify the above information to be true and accurate:

(Signature)

(Date)

Attachment 2

PRICING SHEET
PERIOD OF PERFORMANCE

Services are required from 1 March 2004 through 30 September 2004. Four option periods will be included which will extend services through 28 February 2009, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Dental Assistants in the Keflavik, Iceland area. **The hourly price includes consideration for the following taxes and insurance that are required:**

(a) Please note that if you are awarded a Government contract position, **you will be responsible for paying all federal, state and, local taxes.** The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

LINE ITEM	Description	Quantity	Unit	Unit Price	Total
0001	The offeror agrees to perform on behalf of the Government, the duties of one Dental Assistant at the Branch Dental Clinic, Keflavik, Iceland in accordance with this application and the resulting contract.		Hours		
0001AA	Base Period: 1 Mar - 30 Sept 04	1232	Hours		
0001AB	Option Period 1: 1 Oct 04 - 30 Sept 05	2088	Hours		
0001AC	Option Period 2: 1 Oct 05 - 30 Sept 06	2080	Hours		
0001AD	Option Period 3: 1 Oct 06 - 30 Sept 07	2080	Hours		
0001AE	Option Period 4: 1 Oct 07 - 30 Sept 08	2096	Hours		
0001AF	Option Period 5: 1 Oct 08 - 28 Feb 09	864	Hours		
				Total	

Printed Name _____

Signature _____ Date _____

ATTACHMENT 003

LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity
Eligibility

1. Driver's license or ID card issued by a state or outlying (other possession of the United States employment) provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a

LIST C

Documents that Establish Employment

1. U.S. social security card issued by the Social Security Administration card stating it is not valid for
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-
3. Original or certified copy of a birth

photograph

4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority
- For persons under age 18 who are unable to present a document listed above;
10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal

4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

ATTACHMENT 004

CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/howto.html>. If you do not have internet access, please contact (301) 619-8277 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 22T
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

E-Mail Address: _____

ATTACHMENT 005

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application, this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses, please provide the additional information requested below.

NOTE: This information will not be used in the selection process, nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

() The offeror represents for general statistical purposes that it is a woman-owned small business concern.

() The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.]
The offeror shall check the category in which its ownership falls:

___ Black American.

___ Hispanic American.

___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).

___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).

___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).